## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>06-17-2010</u>	Address:	1004 W COLISEUM BLVD 106
Case #:	<u>22-45913</u>		FT. WAYNE, IN
County:	ALLEN		<u>46804</u>
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (o  Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  Lithium/Ammonia Reaction(s):  Red Phosphorous/Iodine Reaction(s):  Flammable Solvents: ROOM  Water Reactive Metal (Lithium):  Anhydrous Ammonia:  Hydrochloric Acid Gas Generator(s):  Corrosive Acid:  Corrosive Base:  Other (item and location):			
Child under age 18 discovered (check one)       Investigative Information         ☐ Yes (number present)       ☐ Ephedrine/Pseudoephedrine Tracking         ☐ No       ☐ Retail/Merchant Tip         *If yes, fax report to Child Protective Services       ☐ Other: FWPD         This report is to be faxed to the following agencies that serve the location:         Fire Department: FT WAYNE STATION 6       Fax: E-MAILED		e/Pseudoephedrine Tracking Log erchant Tip  VPD  ocation:	
Health Department: ALLEN CO		Fax: E-MA	AILED
Child Protection Service:			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>ANDREW SMITH</u> Phone <u>260-432-8661</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.